FORM D

SEG Mail Mail Processing Section S

Sing UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

APR 2 1 2008

FORM D

Washington, DC 106

DC NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response... 16

SEC USE ONLY										
Prefix	i	Serial								
DA	TE RECEIV	ÆD								

Name of Offering (  check if this is an am Convertible Promissory Notes at				ion thereof	
Filing Under (Check box(es) that apply):	[ ] Rule 504	[ ] Rule 505	[ <b>X</b> ] Rule 506	6 [ ] Section 4	(6) [ ] ULOE
Type of Filing: [X] New Filing [] Amen	- Control of the Cont				
	A. BASI	CIDENTIFICATION	I DATA		
1. Enter the information requested about the	issuer	<u> </u>			
Name of Issuer (check if this is an amendme <b>Solazyme, Inc.</b>	ent and name has cha	anged, and ndicate of	change.)		
Address of Executive Offices 561 Eccles Avenue, South San F		et, City, State, Zip C	Code)	Telephone Num (650) 78	ber (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)		et, City, State, Zip C	Code)		ber (Including Area Code)
(II dillosoft from Exocoure Offices)		PROC	ESSED		
Brief Description of Business		APR 2	8 2008		
Biologic Research and Developr	nent	71011001			
Type of Business Organization		THOMSON	N KEUIERS	· · · · · · · · · · · · · · · · · · ·	
[X] corporation	[ ] limited partnershi	p, already formed		[ ] other (ple	08046229
[ ] business trust	[ ] limited partnershi	p, to be formed			
	.,	Month	Year		
Actual or Estimated Date of Incorporation or	Organization:	[03]	[03] [x	] Actual [ ] Estim	ated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S	<ol><li>Postal Service ab</li></ol>	breviation for Stat	e:	
	CN for Canada; F			[DE]	

## **GENERAL INSTRUCTIONS**

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

		A. BASIC IUI	HILL	ATION DATA	<u> </u>		
2. Enter the information reque							
Each promoter of the							1
of the issuer;		, ,					lass of equity securities
		•	of corpo	orate general a	and managing partners of	of partne	ership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of p	partnership issuers.			· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	[] Promoter	[ X ]Beneficial Owner	[ <b>X</b> ]	Executive Officer	[X]Director	[]	General and/or Managing Partner
Full Name (Last name first, if i Wolfson, Jonathan S.							•
Business or Residence Addre		eet, City, State, Zip C	Code)	·································			
c/o Solazyme, Inc. 56	1 Éccles Avenue	e, South San Fra	ancisc	o, CA 9408	0		
Check Box(es) that Apply:	[] Promoter	[ X ] Beneficial Owner		Executive Officer	[ X ] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)						
Dillon, Harrison							
Business or Residence Addre	•		,		_		
c/o Solazyme, Inc. 56	1 Eccles Avenue	<u>e, South San Fra</u>	ancisc				
Check Box(es) that Apply:	[] Promoter	[ X] Beneficial Owner	[]	Executive Officer	[ X ] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				·		
Fiddler, Jerry							
Business or Residence Addre							
c/o Solazyme, Inc. 56	1 Eccles Avenue	e, South San Fra	ancisc	o, CA 9408			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[]	Executive Officer	[ X ] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i Arbige, Michael	individual)	-					_
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip C	Code)				
c/o Solazyme, Inc. 56	1 Eccles Avenu	e, South San Fra	anciso	o, CA 9408	0		
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[]	Executive Officer	[ X ] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i Miller, Daniel	individual)						
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip C	Code)			-	
c/o The Roda Group,				)			
Check Box(es) that Apply:	[ ] Promoter	[X ] Beneficial Owner	[]	Executive Officer	[ ] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)			·-			
Jazem I Family Partne							
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip (	Code)				
899 Northgate Drive,	Suite #301, San	Rafael, CA 9490	)3				
Check Box(es) that Apply:	[ ] Promoter	( X ) Beneficial Owner	[]	Executive Officer	[ ] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)						
Harris & Harris Group							
Business or Residence Addre	ss (Number and Str						
111 West 57th Street,	Suite #1100. No	ew York, New Yo	ork 10	019			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

·		A. BASIC IDENTIFIC	ATION DATA	A (CONTINUED)								
Check Box(es) that Apply:	[] Promoter	[ X ]Beneficial Owner	[] Exec		Director [ ]	General and/or Managing Partner						
Full Name (Last name first, if individual)  The Roda Group Investment Fund XIV, LLC												
Business or Residence Addr			Code)									
918 Parker Street, B	erkeley, CA 9471	0										
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Exec		Director [ ]	General and/or Managing Partner						
Full Name (Last name first, in	•				_							
The Roda Group Inv Business or Residence Addr			Podo)		<u> </u>							
918 Parker Street, B	•	•	oue)									
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Exec		Director [ ]	General and/or Managing Partner						
Full Name (Last name first, in Roger Strauch	findividual)											
Business or Residence Addr												
c/o The Roda Group												
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ X ]Exec Office	• •	Director [ ]	General and/or Managing Partner						
Full Name (Last name first, i	findividual)											
Painter, Tyler Business or Residence Addr	one (Number and Str	oot City State 7in (	'ode)	<del></del>	<u></u>	<del> </del>						
c/o Solazyme, Inc. 5				A 94080								
Check Box(es) that Apply:	[ ] Promoter	[] Beneficial Owner	[ ] Exec	utive [ ]	Director [ ]	General and/or Managing Partner						
Full Name (Last name first, i	f individual)											
Business or Residence Addr	ess (Number and Str	eet City State Zin (	Code)									
Buomodo or Mondomod Madr	555 (11611155) 6115 61	00t, 0tty, 0tato, 2.p	,									
Check Box(es) that Apply:	[ ] Promoter	[] Beneficial Owner	[ ] Exec		Director [ ]	General and/or Managing Partner						
Full Name (Last name first, i	f individual)											
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip (	Code)									
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[ ] Exec		Director [ ]	General and/or Managing Partner						
Full Name (Last name first, i	f individual)	· - · · · · · · · · · · · · · · · · · ·										
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip (	Code)			•						
	### ##################################			nice of this shoot	1 00 0000000000000000000000000000000000							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•	· · · · · · · · · · · · · · · · · · ·			<del> </del>	B. INFOR	RMATION A	ABOUT OF	FERING				
	····	•							1 4 ' .		Yes	No
1. Has	the issuer	sold, or doe	es the issue	r intend to	sell, to non-	accredited	investors in	this offerin	g?		[]	[X]
		Α	nswer also	in Appendi:	x, Column 2	, if filing un	der ULOE.					
2. Wha	What is the minimum investment that will be accepted from any individual?									\$	<u>NA</u>	
	What is the minimum in resource, that this as assessment is now, in a new contract the minimum in the contract the minimum in the contract the co									Yes	No	
3. Doe	Does the offering permit joint ownership of a single unit?										[X]	
com offe and	er the inform nmission or ring. If a pe /or with a st ociated pers	similar rem rson to be l ate or state	uneration to isted is an a es. list the n	or solicitation associated ame of the	n of purcha person or a broker or d	isers in con gent of a bi ealer. If mo	nection with roker or dea re than five	n sales of saler aler register (5) persons	ecurities in ed with the s to be liste	tne SEC d are		
Full Nar	me (Last na	me first, if i	ndividual)									
Busines	s or Reside	ence Addre	ss (Number	and Street	, City, State	e, Zip Code	)				·······	<u> </u>
Name o	of Associate	d Broker or	Dealer						<del></del>	·• ·		
States i	n Which Pe	rson Listed	Has Solicit	ted or Inten	ds to Solicit	Purchaser	'S					
(Check	"All States"	or check in	ndividual St	ates)							[] All Sta	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	(HI)	[ID]
[IL]	(IN)	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if i	individual)								•	
Busines	ss or Reside	ence Addre	ss (Number	r and Street	t, City, State	e, Zip Code	)	•				
Name c	of Associate	d Broker o	Dealer									
States i	n Which Pe	rson Listed	Has Solici	ted or Inten	ds to Solicit	Purchaser	'S					
(Check	"All States"	or check in	ndividual St	•							[] All Sta	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	(NH)	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[ХТ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	ıme first, if i	individual)									
Busines	ss or Reside	ence Addre	ss (Number	r and Stree	t, City, State	e, Zip Code	)					
Name o	of Associate	d Broker o	r Dealer									
	in Which Pe				ds to Solici	t Purchasei	rs		·		[] All Sta	tes
•	"All States"				(CO)	(CTI	וחבו	[DC]	[FL]	[GA]	(HI)	[ID]
(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME}	[DE] [MD]	[MA]	[FL] [MI]	[MN]	['''] [MS]	[MO] .
(IL) (MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
(RI)	(SC)	[SD]	ITNI	LLXI	(UT)	[/ <b>*</b> *]	[VA]	[WA]	[VW]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCE	EDS		
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Am	ount Already Sold
	Debt	s 0	\$		0
	Equity	s 0	\$		0
	[ ] Common [ ] Preferred	•	,		
	Convertible Securities (including warrants)	\$ 6,245,000	\$		6,245,000
	Partnership Interests	s 0	\$		0
	Other (Specify)	\$ 0	\$		0
	Total	\$ 6,245,000	\$		6,245,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	s .		,	Aggregate
	T	Number Investors		Do	pliar Amount Purchases
	Type of Security	16	•		
	Accredited Investors		\$		6,245,000
	Non-accredited Investors	0	\$	<u> </u>	
	Total (for filing under Rule 504 only)	0	\$	<u> </u>	0
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			_	
	Type of Offering	Type of Security		DC	ollar Amount Sold
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	q	:	0
	Rule 505		*	<u>'</u> —	0
	Regulation A		4	<u>'</u> —	0
	Rule 504		—	<u>`</u>	
	Total		\$	·—	<u>U</u>
4. a	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		[] \$		0
	Printing and Engraving Costs		[] \$_		0
	Legal Fees		[X] \$_		36,000
	Account Fees		[] \$_		0
	Engineering Fees		[] \$_		0
	Sale Commissions (specify finders' fees separately)		[] \$_		0
	Other Expenses (identify)		[] \$_		0
	Total		[X]\$_		36,000

	C. OFFERING PRICE, NUMI	ier of investors, expenses and use of Pi	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — o proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		s 6,209,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		]\$	□ \$
	Purchase of real estate		]\$	
	Purchase, rental or leasing and installation of macl	ninery	) <b>s</b>	. 🗆 \$
	Construction or leasing of plant buildings and faci	lities	] \$	s
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	18	П
	Repayment of indebtedness			_
	Working capital	_	-	_
	Other (specify):			
			]\$	
	Column Totals		] \$	
	Total Payments Listed (column totals added)		<b>₹</b> \$ 6	,209,000
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accr	ish to the U.S. Securities and Exchange Commiss	ion, upon writte	
Iss	er (Print or Type)	Signature	atc pril 18,2008	
Sc	azyme, Inc.		pril * , 2008	
	ne of Signer (Print or Type) athan S. Wolfson	Title of Signer (Print or Type) CEO		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.26 provisions of such rule?			∕es No	
		See Appendix, Column 5, for state re	sponse.		
2.	The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as re-	s to furnish to any state administrator o quired by state law.	any state in which this notice is file	d a notice on l	Form
3.	The undersigned issuer hereby undertak issuer to offerees.	es to furnish to the state administrator	s, upon written request, informatio	n furnished b	y the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of this exemption has the burden of estate the control of the co	he state in which this notice is filed an	d understands that the issuer claimi		
	er has read this notification and knows the horized person.	contents to be true and has duly caused	his notice to be signed on its behalf	y the undersi	igned
Issuer (I	Print or Type)	Signature	Date 18	<del></del>	
Solazym	ne, Inc.		April 1, 2008		
Name (F	rint or Type)	Title (Print or Type)			
Jonatha	an S. Wolfson	CEO			

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

<del></del>				APPENDIX							
1		2	3		5						
	to non-a- investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C–Item 1)		Type of investor and Amount in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non- accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
AL							-				
AK											
AZ											
AR								:			
			Convertible Promissory Notes						v		
CA		Х	(\$3,245,000)	14	\$3,245,000	0	\$0		X		
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NM											

	-			APPENDIX					
1	2	?	3				5 ation under		
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and Amount in State (Part C–Item 2)			Type of investor and Amount in State		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
			Convertible Promissory Notes	4	£2 000 000	0	\$0	1	x
NY NC		X	(\$2,000,000)	11	\$2,000,000	0	40		<del>                                     </del>
ND					<del>                                     </del>				
ОН									
ОК									
OR									
PA		Х	Convertible Promissory Notes (\$1,000,000)	1	\$1,000,000	0	\$0		х
RI									
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WV									
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# **END**